

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002730

1. Entity Name

SARATOGA BEVERAGE GROUP, INC.

FILED

Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90057 017 \*\*\*158.75

Principal Place of Business

11 GEYSER ROAD  
SARATOGA SPRINGS NY 12866

Mailing Address

11 GEYSER ROAD  
SARATOGA SPRINGS NY 12866-9038

2. Principal Place of Business

1000 American Superior Blvd.

3. Mailing Address

Suite, Apt. #, etc. - Same -

City & State

Winter Haven FL

City & State

4. FEI Number

14-1749554

Applied For

Not Applicable

Zip 33884

Country USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PREVER, ROBIN	
STREET ADDRESS	11 GEYSER ROAD	
CITY-ST-ZIP	SARATOGA SPRINGS NY 12866	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, GAYLE	
STREET ADDRESS	11 GEYSER ROAD	
CITY-ST-ZIP	SARATOGA SPRINGS NY 12866	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	WEISSMAN, CHARLES I	
STREET ADDRESS	919 THIRD AVE., 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	K.A. James	
STREET ADDRESS	1000 American Superior Blvd	
CITY-ST-ZIP	Winter Haven, FL	<input type="checkbox"/> Delete
TITLE	VP	<input type="checkbox"/> Delete
NAME	Adam Mackay	
STREET ADDRESS	11 Geysers Road	
CITY-ST-ZIP	Saratoga Springs, N.Y. 12866	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irene Fonzi	
STREET ADDRESS	7500 Coquina Drive	
CITY-ST-ZIP	North Bay Village, Fla.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)